

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017874

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED APR 17 1963

1003

3745

VS 300  
Rev. 4/59

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USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

|   |                                  |   |                                       |
|---|----------------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>  |                                  | c. CITY OR TOWN <b>St. Louis</b>  |                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>   |                                  | d. STREET ADDRESS (If outside, give location)<br><b>2754 Russell</b>  |                                       |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Neville</b> Middle <b>D.</b> Last <b>Levin</b>  |                                  | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>28</b> Year <b>1963</b>   |                                       |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>11/17/1892</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Practical Nurse</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |                                       |
| 13a. FATHER'S NAME<br><b>Unknown</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>   |                                       |
| 17. INFORMANT<br><b>Charles Stines, 2656 Russell</b>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>William Levin</b>   |                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Vascular accident</b><br>DUE TO (b) <b>Generalized Arterio Sclerosis.</b><br>DUE TO (c) <b>331X</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                                  |   |                                       |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                       |
| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                                       |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                                       |
| 20f. CITY, TOWN, OR LOCATION  |                                  | COUNTY STATE  |                                       |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.<br>Death occurred at <b>235 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |                                  |   |                                       |
| 22a. SIGNATURE (Degree or title)<br><b>Nelson L. Taylor, Coroner</b>  |                                  | 22b. ADDRESS<br><b>1300 Clark Ave.</b>  |                                       |
| 22c. DATE SIGNED<br><b>4-1-63</b>   |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |                                       |
| 23b. DATE<br><b>4-2-63</b>  |                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>National Cemetery</b>  |                                       |
| 23d. LOCATION (City, town, or county)<br><b>Jefferson Barracks, Mo.</b>   |                                  | 24. FUNERAL DIRECTOR<br><b>Albert H. Hoppe, Inc., 4700 Washington Blvd.</b>   |                                       |
| 25. DATE RECD. BY LOCAL REG.<br><b>APR 1 1963</b>   |                                  | 26. REGISTRAR'S SIGNATURE<br><b>Loat Smith, M.D.</b>  |                                       |

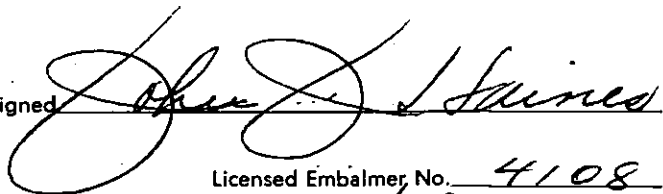
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4108

P. O. Address

J. L. Laines MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.